



Target Area: Language/ Communication/ Speech > Pragmatics/ Social Communication

<p>Bowen, Hesketh, Patchick et al. (2012). <i>BMJ</i> 345: e4407</p>	<p>PEDro score - 7/10</p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> ➤ Study Design: RCT. ➤ Population: n=170 (95 males; mean age 70 years) stroke patients with aphasia and/or dysarthria, admitted to hospital within the two weeks prior. ➤ Groups: <ol style="list-style-type: none"> 1. Enhanced communication therapy intervention (n=81) 2. Attention control (n=72) ➤ Setting: Twelve hospitals and community stroke services in the UK <p>Primary outcome measure:</p> <ul style="list-style-type: none"> ➤ Therapy Outcome Measure (TOM) – communication activity scale. <p>Secondary outcome measures:</p> <ul style="list-style-type: none"> ➤ Communication Outcomes After Stroke (COAST) scale ➤ Carer COAST scale ➤ Carers of Older People in Europe (COPE) Index ➤ Adverse events reporting <p>Results: The intervention and control groups made similar, clinically-meaningful improvements on functional communication from baseline to six months' follow-up. At six months' follow-up, there were no significant differences between the intervention and control groups on either the primary or secondary measures, indicating no added benefit of the speech and language therapy.</p>	<p>Aim: To evaluate the effectiveness of enhanced communication therapy versus unstructured social contact on functional communication abilities in patients in the first four months after stroke.</p> <p>Materials: Printed questionnaires, intervention manual developed by speech and language therapists, control manual detailing everyday activities (e.g., conversation, music), video-camera to record communication sessions between participant and unfamiliar communication partner (for primary outcome assessment).</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> ➤ Duration: An average of 22 contact sessions (18 hours) over 13 weeks ➤ Procedure: Participants were randomly allocated 1:1 to receive either speech and language therapy (intervention group) or unstructured social contact (control group). Once all sessions were complete, participants engaged in an unstructured, videotaped conversation with an unfamiliar communication partner (research assistant). ➤ Functional communication ability was rated by therapists at baseline and at six months' follow-up. Participants' and carers' perceptions of functional communication ability, quality of life, and wellbeing were rated at six months' follow-up only. ➤ Content: The intervention comprised enhanced, agreed best practice, communication therapy specific to aphasia and dysarthria, delivered on a one-to-one basis by a qualified speech or language therapist and tailored to participants' individual impairments. ➤ The control comprised unstructured social contact (mostly conversation) with an employed visitor.